

ORDER/NOTICE TO WITHHOLD INCOME FOR SUPPORT

State Commonwealth of Pennsylvania  
Co./City/Dist. of ALLEGHENY  
Date of Order/Notice 02/28/05  
Case Number (See Addendum for case summary)

☐ Original Order/Notice  
☒ Amended Order/Notice  
☐ Terminate Order/Notice

Employer/Withholder's Federal EIN Number \_\_\_\_\_ RE: CLAY, CASSIUS M. SR  
Employee/Obligor's Name (Last, First, MI) \_\_\_\_\_  
180-58-3493  
Employee/Obligor's Social Security Number \_\_\_\_\_  
7215000975  
Employee/Obligor's Case Identifier \_\_\_\_\_  
(See Addendum for plaintiff names associated with cases on attachment)  
Custodial Parent's Name (Last, First, MI) \_\_\_\_\_

SCI GREENSBURG  
RR 10 BOX 10  
GREENSBURG PA 15601-8999

**See Addendum for dependent names and birth dates associated with cases on attachment.**

ORDER INFORMATION: This is an Order/Notice to Withhold Income for Support based upon an order for support from ALLEGHENY County, Commonwealth of Pennsylvania. By law, you are required to deduct these amounts from the above-named employee's/obligor's income until further notice even if the Order/Notice is not issued by your State.

\$ 0.00 per month in current support  
\$ 5.00 per month in past-due support Arrears 12 weeks or greater? ☒ yes ☐ no  
\$ 0.00 per month in current and past-due medical support  
\$ 0.00 per month for genetic test costs  
\$ \_\_\_\_\_ per month in other (specify) \_\_\_\_\_  
for a total of \$ 5.00 per month to be forwarded to payee below.

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered support payment cycle, use the following to determine how much to withhold:

\$ 1.15 per weekly pay period.  
\$ 2.31 per biweekly pay period (every two weeks).  
\$ 2.50 per semimonthly pay period (twice a month).  
\$ 5.00 per monthly pay period.

REMITTANCE INFORMATION:

You must begin withholding no later than the first pay period occurring ten (10) working days after the date of this Order/Notice. Send payment within seven (7) working days of the paydate/date of withholding. You are entitled to deduct a fee to defray the cost of withholding. Refer to the laws governing the work state of your employee for the allowable amount. The total withheld amount, and your fee, cannot exceed 55% of the employee's/obligor's aggregate disposable weekly earnings. For the purpose of the limitation on withholding, the following information is needed (See #9 on page 2).

If remitting by EFT/EDI, please call Pennsylvania State Collections and Disbursement Unit (SCDU) Employer Customer Service at 1-877-676-9580 for instructions.

**Make Remittance Payable to: PA SCDU**

**Send check to: Pennsylvania SCDU, P.O. Box 69112, Harrisburg, Pa 17106-9112**

**IN ADDITION, PAYMENTS MUST INCLUDE THE DEFENDANT'S NAME AND THE PACSES MEMBER ID (shown above as the Employee/Obligor's Case Identifier) OR SOCIAL SECURITY NUMBER IN ORDER TO BE PROCESSED.**

**DO NOT SEND CASH BY MAIL**

IT IS FURTHER ORDERED THAT NO COMMUTATION OF WORKERS' COMPENSATION BENEFITS OR OTHER SUCH LUMP SUM DISTRIBUTION TO THE DEFENDANT SHALL OCCUR UNTIL THIS ORDER OF COURT IS DISSOLVED BY FURTHER ORDER. THE DEFENDANT MUST PETITION THIS COURT TO HAVE THE ORDER DISSOLVED. IF THE PLAINTIFF, PAYEE, DOES NOT HAVE COUNSEL OF RECORD NOTICE MUST BE GIVEN TO THE TITLE IV-D ATTORNEY, 300 FORT PITTSBURGH BUILDING, 445 FORT PITTSBLVD., PITTSBURGH, PA 15219.

BY THE COURT:

PER CURIAM

Form EN-028  
Worker ID \$OINC

# ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

☐ If checked you are required to provide a copy of this form to your employee. If your employee works in a state that is different from the state that issued this order, a copy must be provided to your employee even if the box is not checked.

1. **Priority:** Withholding under this Order/Notice has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this order have priority. If there are Federal tax levies in effect please contact the requesting agency listed below.
2. **Combining Payments:** You can combine withheld amounts from more than one employee/obligor's income in a single payment to each agency requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.
3. **\*Reporting the Paydate/Date of Withholding:** You must report the paydate/date of withholding when sending the payment. The paydate/date of withholding is the date on which amount was withheld from the employee's wages. You must comply with the law of the state of the employee's/obligor's principal place of employment with respect to the time periods within which you must implement the withholding order and forward the support payments.
4. **\* Employee/Obligor with Multiple Support Holdings:** If there is more than one Order/Notice to Withhold Income for Support against this employee/obligor and you are unable to honor all support Order/Notices due to Federal or State withholding limits, you must follow the law of the state of employee's/obligor's principal place of employment. You must honor all Orders/Notices to the greatest extent possible. (See #9 below)
5. **Termination Notification:** You must promptly notify the Requesting Agency when the employee/obligor is no longer working for you. Please provide the information requested and return a copy of this Order/Notice to the Agency identified below.  
 THE EMPLOYEE/OBLIGOR NO LONGER WORKS FOR: 6082100177  
 EMPLOYEE'S/OBLIGOR'S NAME: CLAY, CASSIUS M. SR  
 EMPLOYEE'S CASE IDENTIFIER: 7215000975 DATE OF SEPARATION: \_\_\_\_\_  
 LAST KNOWN HOME ADDRESS: \_\_\_\_\_  
 NEW EMPLOYER'S NAME/ADDRESS: \_\_\_\_\_
6. **Lump Sum Payments:** You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the person or authority below.
7. **Liability:** If you fail to withhold income as the Order/Notice directs, you are liable for both the accumulated amount you should have withheld from the employee/obligor's income and other penalties set by Pennsylvania State law. Pennsylvania State law governs unless the obligor is employed in another State, in which case the law of the State in which he or she is employed governs.
8. **Anti-discrimination:** You are subject to a fine determined under State law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a support withholding. Pennsylvania State law governs unless the obligor is employed in another State, in which case the law of the State in which he or she is employed governs.
9. **\* Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. §1673 (b)1); or 2) the amounts allowed by the State of the employee's/obligor's principal place of employment. The Federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; and Medicare taxes. For tribal orders, you may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers who receive a state order, you may not withhold more than the amounts allowed under the law of the state that issued the order.
10. **Additional Info:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*NOTE: If you or your agent are served with a copy of this order in the state that issued the order, you are to follow the law of the state that issued this order with respect to these items.

## 11. Submitted By:

COURT OF COMMON PLEAS  
FAMILY DIVISION  
ADULT SECTION  
440 ROSS STREET  
PITTSBURGH PA 15219

If you or your employee/obligor have any questions, contact SEE ATTACHED  
 by telephone at \_\_\_\_\_ or  
 by FAX at (412) 350-6471 or  
 by internet www.childsupport.state.pa.us

**ADDENDUM**  
**Summary of Cases on Attachment**

**Defendant/Obligor: CLAY, CASSIUS M. SR**

**PACSES Case Number** 717003214

**Plaintiff Name**

LISA M. ALLRN-WILLIAMS

<u>Docket</u>	<u>Attachment Amount</u>
87-00155	\$ 2.50

<b>Child(ren)'s Name(s):</b>	<b>DOB</b>
CASSIUS JR CLAY	09/02/86

☐ If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available through the employee's/obligor's employment.

**PACSES Case Number**

**Plaintiff Name**

<u>Docket</u>	<u>Attachment Amount</u>
	\$ 0.00

<b>Child(ren)'s Name(s):</b>	<b>DOB</b>
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☐ If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available through the employee's/obligor's employment.

**PACSES Case Number**

**Plaintiff Name**

<u>Docket</u>	<u>Attachment Amount</u>
	\$ 0.00

<b>Child(ren)'s Name(s):</b>	<b>DOB</b>
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☐ If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available through the employee's/obligor's employment.

**PACSES Case Number** 794003187

**Plaintiff Name**

TAWNIA L. THOMAS

<u>Docket</u>	<u>Attachment Amount</u>
86-04623	\$ 2.50

<b>Child(ren)'s Name(s):</b>	<b>DOB</b>
SHAQUA L. CLAY	12/20/85
RYEISHA K. CLAY	05/28/91

☐ If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available through the employee's/obligor's employment.

**PACSES Case Number**

**Plaintiff Name**

<u>Docket</u>	<u>Attachment Amount</u>
	\$ 0.00

<b>Child(ren)'s Name(s):</b>	<b>DOB</b>
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☐ If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available through the employee's/obligor's employment.

**PACSES Case Number**

**Plaintiff Name**

<u>Docket</u>	<u>Attachment Amount</u>
	\$ 0.00

<b>Child(ren)'s Name(s):</b>	<b>DOB</b>
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